

**Waiver and Release of Liability**

**Sponsoring Organization: Reveille United Methodist Church (4200 Cary Street Road, Richmond, Virginia 23221)**

**Activity: Pickleball**

This is a legally binding release, waiver, indemnification of liability, and express assumption of risk. **PLEASE READ IT CAREFULLY BEFORE SIGNING.**

I acknowledge that participation in Pickleball involves risk to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in Pickleball (the “activity”), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by Reveille United Methodist Church or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to, negligence on the part of the activity sponsor. This release is binding upon Participant, and Participant’s heirs, assigns, and legal representatives.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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Participant’s Signature Date  
*(parent/guardian if under 18)*

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Print Participant’s Name Participant’s Address

Emergency Contact:

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Contact Name Phone Number Relationship to Participant